



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

**Requestor Name**

Pine Creek Medical Center

**Respondent Name**

Texas Mutual Insurance

**MFDR Tracking Number**

M4-15-0160-01

**Carrier's Austin Representative**

Box Number 54

**MFDR Date Received**

September 12, 2014

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "Please note the above DOS was considered an emergency as it is stated under Indication for surgery "The patient had panic attack and vasovagal reaction, and was admitted at this time for removal of the stitches under general anesthetic and application of long-arm cast."

**Amount in Dispute:** \$782.04

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "...Texas Mutual maintains its position the rational for general anesthesia to remove stitches does not meet the definition for life threatening emergency at Rule 133.2. Thus, preauthorization was required but not obtained."

**Response Submitted by:** Texas Mutual Insurance Co

### **SUMMARY OF FINDINGS**

Date(s) of Service	Disputed Services	Amount In Dispute	Amount Due
December 12, 2013	Outpatient Hospital Services	\$782.04	\$0.00

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

#### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.2 defines an emergency.
3. 28 Texas Administrative Code §134.600 sets out the guidelines for prospective and concurrent review of healthcare.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - 197 – Precertification/authorization/notification absent.
  - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

## **Issues**

1. Does the disputed service(s) meet the definition of emergency service?
2. Was prior authorization required?

## **Findings**

1. The insurance carrier states in their position statement, "general anesthesia to remove stitches does not meet the definition for life threatening emergency at Rule 133.2..." 28 Texas Administrative Code §133.2(4)(A) states that, "a medical emergency is the sudden onset of a medical condition manifested by acute symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected to result in: (i) placing the patient's health or bodily function in serious jeopardy, or (ii) serious dysfunction of any body organ or part." The medical documentation does not meet the definition of an emergency pursuant to §133.2(4)(A). For example:
  - a. Office records with date December 10, 2013 states, "...he will require admission to the hospital for IV sedation and anesthesia control."
  - b. Recommendation: We will get approval for that procedure
  - c. Date of operation December 12, 2013.

The Division concludes the Carrier position is supported. The medical record supports on December 10, 2013 an emergent situation existed. However, the services in dispute were for services two days later."

2. The Carrier denied the disputed service as "786 – Denied for lack of preauthorization." 28 Texas Administrative Code §134.600 (p) states in pertinent part, "(p) Non-emergency health care requiring preauthorization includes: (1) inpatient hospital admissions, including the principal scheduled procedure(s) and the length of stay; (2) outpatient surgical or ambulatory surgical services as defined in subsection (a) of this section." The definition of medical emergency on the date of service in dispute was not met, prior authorization was required. The Carrier's denial is supported.

## **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

## ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$0.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

## **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
April 23, 2015  
Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**